

Hepatitis B Updates

(1) Adult Hepatitis B Vaccination

**(2) Identification and Public Health Management of
Persons Chronically Infected with HBV**

Division of Viral Hepatitis

ACIP Presentation

October 25, 2007



SAFER • HEALTHIER • PEOPLE™

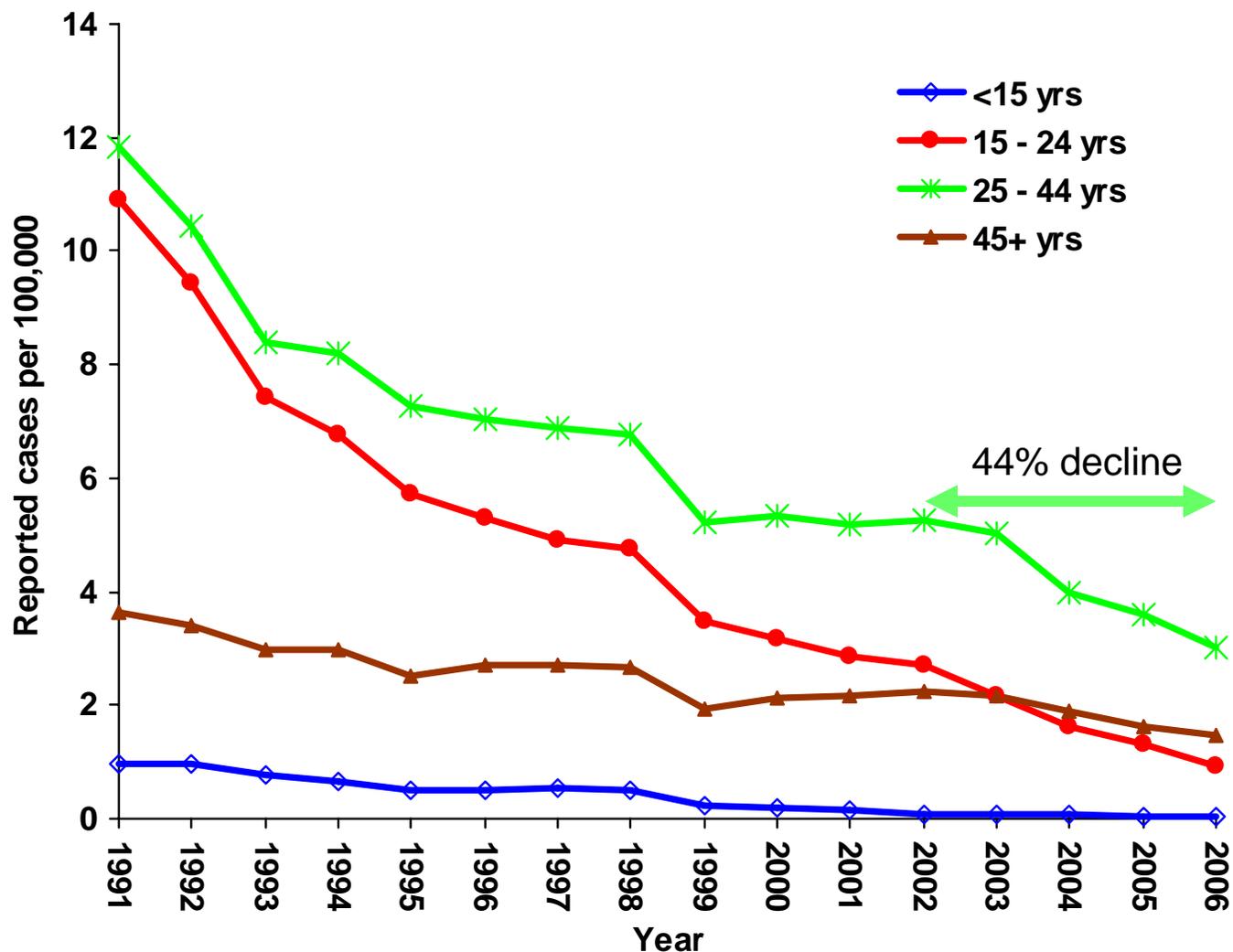


National Strategy to Eliminate HBV Transmission

In 1991, ACIP and other professional medical organizations endorsed a national strategy:

- Screening pregnant women and immunizing infants of infected mothers to prevent perinatal transmission;
- Universal vaccination of infants to prevent infections during childhood and at later ages;
- Catch-up vaccination of children and adolescents not vaccinated previously; and
- Vaccination of adolescents and adults in groups at increased risk for infection.

Incidence of Acute Hepatitis B, by Age, 1991-2006



Source: Nationally Notifiable Disease Surveillance System

Prior Opportunities For Vaccination Among Patients With Acute Hepatitis B, 2001-2004

Prior Opportunity for Vaccination

History of incarceration

%

40%

History of STD treatment

39%

History of drug treatment

22%

Any of the above

61%

Estimated Annual Clients in Settings with High Proportion of At Risk Adults

Venue	Annual clients
STD clinics	1,538,547
HIV counseling and testing sites	949,012
Substance abuse rx	216,000
Prison (admissions only)	630,000
Jails	6,164,837
Total	~9.5 million

Source: CDC Vaccines for Adults at High Risk Survey, 2001

Hepatitis B Vaccination Recommendations for Adults



MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports

December 8, 2006 / Vol. 55 / No. RR-16

**A Comprehensive Immunization Strategy
to Eliminate Transmission of Hepatitis B
Virus Infection in the United States**

Recommendations of the Advisory
Committee on Immunization Practices (ACIP)
Part II: Immunization of Adults

INSIDE: Continuing Education Examination

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

HepB vaccine recommended for:

- all unvaccinated adults at risk
- all adults seeking protection (acknowledgment of specific risk factor not required)

Practice-based vaccination strategies to ensure all at risk adults offered HepB:

- Settings w/high proportion of at-risk adults
- Primary care/specialty medical settings
- Occupational health settings

Settings where Hepatitis B Vaccination is Recommended for all Clients

- STD treatment facilities
- HIV testing and treatment facilities
- Substance abuse treatment facilities
- Correctional facilities
- Health care providers serving IDU
- Health care providers serving MSM
- Others including hemodialysis, adult institutions

Center Directors' 'Dear Colleague' Letter: October 10, 2006

- **Encourage** states to use 317 funds to purchase adult hepatitis B vaccine
- **Hasten** elimination of HBV transmission
- **Implement** ACIP recommendations
- **Convene** program managers (STD, HIV, IZ, and hepatitis) to determine vaccine resources, target populations, venues, doses needed, role of participating programs, implementation and evaluation strategy

Adult Hepatitis B Vaccination Initiatives: October 2007

One-time Section 317 immunization funds (~\$20 million) made available:

- Vaccine purchase for programs that serve adults at risk for viral hepatitis.
- Hepatitis B containing vaccine (e.g., monovalent hepatitis B and/ or combination A/B vaccine)
- One-time savings from transition to centralized vaccine distribution
- 51 project areas awarded funding
- Evaluation needed

Adult Hepatitis B Vaccination Initiatives

- Engaging partners:
 - AIM, NASTAD, NCSD, NACCHO
 - Adult Hepatitis Coordinators
 - Immunization Program Managers
 - HIV and STD Program Managers
- CDC developing cross-cutting strategic plan for divisions to work together

Adult Hepatitis B Vaccination Education/Training

<http://www.cdc.gov/ncidod/diseases/hepatitis/recs/index.htm>

HBV Recs for Adults: Index | CDC Viral Hepatitis



[Settings Serving Adults at High Risk](#) - STD treatment facilities, HIV testing and treatment centers, correctional facilities ...[more...](#)



[Primary Care and Specialty Medical Settings](#) - Physician's offices, family planning clinics, community health centers, liver disease clinics, travel clinics ...[more...](#)



[Occupational Health Providers](#) - Health-care workers and others whose work-related activities involve exposure to blood or other potentially infectious body fluids ...[more...](#)

Content provided by the [Division of Viral Hepatitis](#)

[Home](#) |

[Policies and Regulations](#) |

[Disclaimer](#) |

[e-Government](#) |

[FOIA](#) |

[Contact Us](#)

SAFER • HEALTHIER • PEOPLE™

Centers for Disease Control and Prevention

1600 Clifton Rd, Atlanta, GA 30333, U.S.A

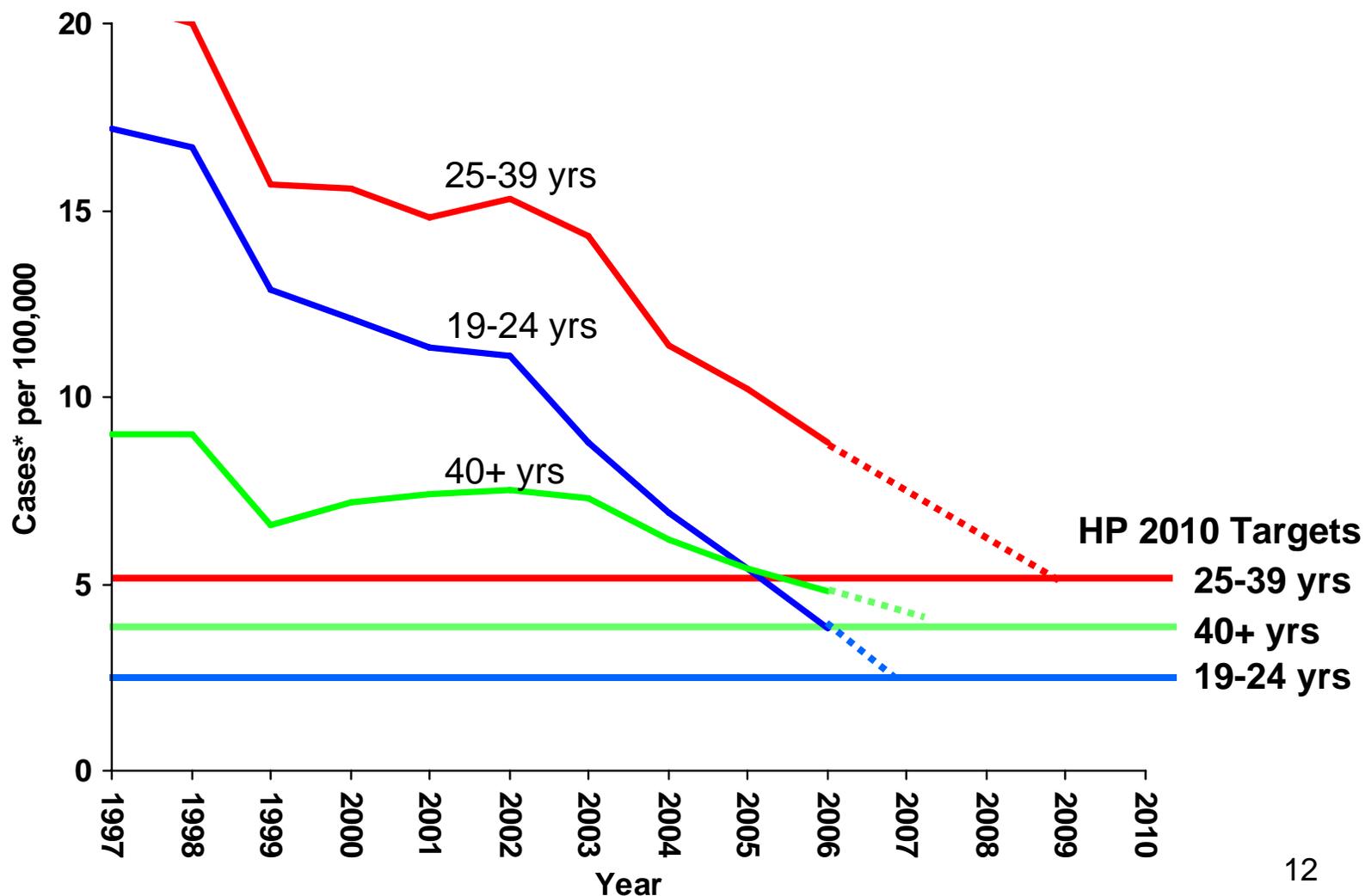
Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800)

311-3435



[Department of Health
and Human Services](#)

Approaching HP2010 Targets: 14.3 Reduce Hepatitis B Among Adults



Source: Nationally Notifiable Disease Surveillance System, *adjusted for underreporting

Summary

- Progress has been made in eliminating HBV transmission: since 1991, hepatitis B incidence in adults declined >70%
- There is a **time limited** opportunity to accelerate elimination of HBV transmission by increasing vaccine coverage among at risk adults
- Recent recommendations and funding expected to accelerate progress

Identification and Public Health Management of Persons Chronically Infected with HBV

Background: Rationale for Recommendations

- 1 – 1.4 million persons with chronic HBV infection in the US (HBsAg+)
- 2,000 – 5,000 deaths per year
- Changing epidemiology (US vs. foreign-born)
- Opportunity for prevention of transmission
- Improving treatment options
- Recommendations intended to complement NIH Consensus Development Conference on “Management of Hepatitis B”, October 2008

Purpose of New Recommendations

- **Compile** existing recommendations for testing in single document
- **Recommend testing** for additional populations
- **Outline components** of a testing and public health management program

Public Health Management of HBsAg-Positive Persons*

- Educate patients
 - prevent transmission to others
 - protect liver from further harm
- Manage contacts
 - identify, test, vaccinate household, sex, and needlesharing contacts
- Refer for evaluation by physician experienced in management of chronic liver disease
- Report to health department

*Source: MMWR 2005;54(RR-16), Appendix A; MMWR 2006;55(RR-16), Appendix C¹⁸

Process

- February, 2007: Consultants reviewed initial draft
 - Summer/fall 2007: seek additional input (eg, ACIP, CSTE)
- 2008: publication in MMWR

Groups Recommended for Routine HBsAg Testing: Primary Prevention

Group	Existing	Proposed
Prevent nosocomial transmission		
•Donors of blood, plasma, organs, tissue, semen*	✓	
•Hemodialysis patients	✓	
Manage exposures		
•Pregnant women	✓	
•Infants born to HBsAg positive women	✓	
•Contacts of HBsAg positive persons	✓	
•Source of blood/body fluid exposures (e.g., needlesticks,sexual assault)	✓	

*Federal Regulation

Groups Recommended for Routine HBsAg Testing: Secondary Prevention

Group	Existing	Proposed
Increased HBsAg Prevalence		
•Foreign born (country prevalence $\geq 8\%$)	✓	
•Foreign born (2%-7%)		✓
•Injection drug users (3%-6%)		✓
•Men who have sex with men (1%-3%)		✓
Increased Risk of Medical Consequences		
•HIV-positive persons	✓	
•Persons w/immunosuppressive therapy		✓
•Persons with elevated ALT/AST		✓

Expected Implementation Needs

Patient Related

- Raise awareness of need for testing
- Compliance with returning to obtain test results
- Compliance with communication with contacts

Provider Related

- Raise awareness of need for testing
- Investigate insurance reimbursement
- Improved methods for risk ascertainment
- Improved methods for managing contacts

Expected Implementation Needs

Infrastructure Related

- Funding for counseling/testing in public health settings
- Funding for follow-up of HBsAg-positive persons
- Funding for health department registries
- Increased availability of medical care for HBsAg-positive persons
- Point of care tests?

New Recommendations: Summary

- **Compile** existing recommendations for testing in single document
- **Target new populations** for testing
- **Outline components** of a testing program with guidance for implementation

Contact: Cindy Weinbaum
Division of Viral Hepatitis
cweinbaum@CDC.gov